



STATE OF MISSOURI
MISSOURI DEPARTMENT OF NATURAL RESOURCES
SOLID WASTE MANAGEMENT PROGRAM
FISCAL YEAR DISTRICT OPERATION GRANT PROFILE AND BUDGET FORM

SOLID WASTE MANAGEMENT DISTRICT		PROJECT NUMBER	PROJECT NAME
FEDERAL ID		DISTRICT CHAIRPERSON	
DISTRICT ADDRESS (STREET, CITY, STATE, ZIP)		COUNTY	
PHONE		FAX	
E-MAIL			
BRIEFLY DESCRIBE SERVICES/DUTIES IMPLEMENTED WITH THIS PROJECT AND ATTACH EXECUTIVE SUMMARY AND TASKS FROM APPLICATION			
Amount requested by district.		Amount of district local match.	

FISCAL YEAR DISTRICT OPERATION GRANT BUDGET				
Project budget	Requested funds	Match funds	Match in-kind	Total funds
1. PERSONNEL - List each employee paid with state grant funds.				
Example: John Doe, 2,080 hours \$15/hr.	\$ 31, 200	\$	\$	\$31, 200
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
2. FRINGE BENEFITS				
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
3. CONTRACTUAL SERVICES - List each professional service being paid with by state grant funds.				
	\$	\$	\$	\$
	\$	\$	\$	\$
4. EQUIPMENT - List equipment to be purchased with state grant funds.				
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
5. SUPPLIES				
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
6. TRAVEL				
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
7. OTHER - List all other items to be paid with state grant funds.				
	\$	\$	\$	\$
	\$	\$	\$	\$
8. TOTAL DIRECT CHARGES - Sum of 1 through 7.				
	\$	\$	\$	\$
9. INDIRECT CHARGES				
	\$	\$	\$	\$
TOTAL BUDGET - Sum of 8 plus 9.	\$	\$	\$	\$
Return this form to: Missouri Department of Natural Resources Solid Waste Management Program P.O. Box 176 Jefferson City, MO 65102-0176				